**Drugs to Avoid for EOL Care**

1. **Meperidine**
   Short duration 2-3 hours. Repeated doses may lead to CNS toxicity. Poor GI absorption; large doses required increasing risk of CNS toxicity-tremor, confusion, seizures. Meperidine has not been shown to have any specific benefit in patients with biliary colic or treatment of pain due to acute pancreatitis.

   Contraindicated in patients with a hypersensitivity to meperidine, are receiving MAO inhibitors, have renal insufficiency, untreated hypothyroidism, Addison's disease, BPH, or urethral stricture.

2. **Dronabinol (Marinol)**
   Too many adverse effects for routine use (bradycardia, dysphoria, dec BP, thought impairment, depersonalization).

3. **Opioid agonist (Pentazocine, butorphanol, nalbuphine)**
   May produce withdrawal symptoms if mixed with opioids; has analgesic antagonistic ceiling and may have psychomimetic side effects.

4. **Brompton's cocktail**
   Liquid MS is equally effective without the side effect of the other ingredients as dose is raised.

5. **Ketorolac (Torodol)**
   Generally not recommended for long term use. ***Torodol , combined with oral H-2 blockers, has been reported by some to be highly effective for bone pain, and used up to 4-6 weeks.***

6. **Methadone**
   Good analgesia but has a very long half-life making dose titration and cumulative side effects problematic.

7. **Placebo**
   Placebo-derived analgesia may result from endogenous opioids; however, because it is short acting, ultimately ineffective, and destroys the provider-patient relationship, should not be used for pain management.

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